Application Form for Internship

To

The Dean/ Director/Principal

Constituent College/College/ Centre Name

(Through Internship Councilor of the University/college)

I ……...Son/ Daughter of…….

studying in programme/course …….....part/ semester.....

want to join the Internship for the period of 4 weeks from (date).....

to (date).....at…….

……..

(Name and address of Internship Host Organization).

I have fully read and understood the rules and regulations laid by the Institute and Host Organization and undertake to abide by them.

I will proceed for an internship only after obtaining the approval from the competent authority of the constituent college/college/centre.

Kindly permit me to join the internship as mentioned above.

(Student Name and Signature)

Name and Signature

(Principal/Director/ Dean)

(Internship Councilor)

(Signature with seal)